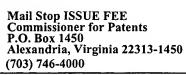
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail





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INSTRUCTIONS: This form should be used for tran appropriate. All further correspondence including the I indicated unless corrected below or directed otherwise maintenance fee notifications.	Patent, advance orders and no in Block I, by (a) specifying	otification of maintenance fees	will be mailed to the curren	t correspondence address as
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MCKEE, VOORHEES & SEASE, P.I ATTN: PIONEER HI-BRED 801 GRAND AVENUE, SUITE 3200 DES MOINES, IA 50309-2721	JUL 0 5 200	I hereby certify that States Postal Service addressed to the Management	ertificate of Mailing or Tran this Fec(s) Transmittal is bein with sufficient postage for fi ail Stop ISSUE FEE address PTO (703) 746-4000, on the	ng deposited with the United rst class mail in an envelope s above, or being facsimile
	E.	JANE WA	AGNER	(Depositor's name)
	TRADEM!	Jane	Wagnest	(Signature)
		6-30-05	5	(Datc)
APPLICATION NO. FILING DATE	FIRST NAM	ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/624,619 07/22/2003	Jonathar	P. Duvick	P05569US03-PHI 0875	6037
APPLN. TYPE SMALL ENTITY nonprovisional NO	ISSUE FEE ···	PUBLICATION FEE \$300	TOTAL FEE(S) DUE \$1700	DATE DUE 08/02/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS	٦	
IBRAHIM, MEDINA AHMED	1638	800-278000	_	
1. Change of correspondence address or indication of "Fe CFR 1.363).  ☐ Change of correspondence address (or Change of C Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indica PTO/SB/47; Rev 03-02 or more recent) attached. Use Number is required.	tion form (2) the name of a Customer 2 register	inting on the patent front page, ames of up to 3 registered pate OR, alternatively, ame of a single firm (having as d attorney or agent) and the nared patent attorneys or agents. It name will be printed.	a member a mes of up to f no name is  MCKEE, V  801 C  DES MO	OORHEES & SEAS Brand Ave., Suite 32 BINES, IOWA 50309
3. ASSIGNEE NAME AND RESIDENCE DATA TO BI	E PRINTED ON THE PATEN	IT (print or type)		
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(A) NAME OF ASSIGNEE	. (B) RESIDEN	CE: (CITY and STATE OR CO		773 10004017
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Please check the appropriate assignee category or categor  4a. The following fec(s) are enclosed:	ies (will not be printed on the 4b. Payment o		Corporation or other private gr	oup entity  Government
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The Director of the USPTO is requested to apply the Issu- NOTE: The Issue Fee and Publication Fee (if required) we interest as shown by the records of the United States Pate	e Fee and Publication Fee (if a rill not be accepted from anyor nt and Trademark Office.	iny) or to re-apply any previous ne other than the applicant; a reg	sly paid issue fee to the applications and issue fee to the application of agent; or the application of the	ation identified above. he assignce or other party in
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